



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-001-138**

**Enforcement and Removal Operations
ERO Phoenix Field Office**

**CCA Florence Correctional Center
Florence, Arizona**

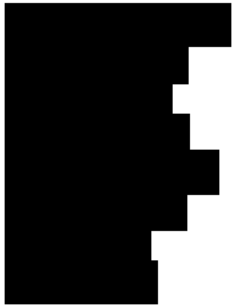
May 23-25, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
CCA FLORENCE CORRECTIONAL CENTER
Florence, Arizona

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the CCA Florence Correctional Center (CCA FCC) in Florence, Arizona, from May 23 to 25, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCA FCC from November 29 to December 1, 2022. The facility opened in 1999 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCA FCC in 1987 under the oversight of ERO’s Field Office Director in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers (DOs) and a detention services manager part-time to the facility, and the DOs conduct scheduled visits Tuesdays and Wednesdays, from 8:00 a.m. to 9:30 a.m. A warden handles daily facility operations and manages █████ support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. In May 2021, CCA FCC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of May 23, 2023)	█████
Adult Female Population (as of May 23, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 10 deficiencies in the following areas: Environmental Health and Safety (1); Special Management Units (7); Food Service (1); and Visitation (1)

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of May 8, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	7
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	8
Part 4 - Care	
Food Service	0
Medical Care	1
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives, and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	9

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he needs to speak with medical staff about his recent hallucinations since taking his antidepressant medication.

- Action Taken: ODO immediately referred the detainee to the facility mental health staff for evaluation. ODO followed up with the CCA FCC charge nurse, and confirmed the facility's mental health staff conducted a mental health evaluation on May 24, 2023. The medical provider prescribed Buspirone (30 mg) twice daily and Clonidine (0.1 mg) once daily for anxiety. Medical staff scheduled the detainee for a follow-up appointment in 1 month.

Medical Care: One detainee informed ODO he needs mental health help.

- Action Taken: ODO immediately referred the detainee to facility mental health staff for evaluation. ODO followed up with a psychiatric nurse, and confirmed the facility's mental health staff conducted a mental health evaluation on May 26, 2023. The mental health provider examined the detainee and found no need for further evaluation nor treatment. Facility mental health staff reminded the detainee how to request services if services are needed in the future.

Medical Care: One detainee stated he still experiences pain from his hernia, 2-to-3 weeks after reporting it to medical staff.

- Action Taken: ODO interviewed facility medical staff and confirmed two facility nurses examined the detainee on May 11, 2023, diagnosed a grapefruit-sized hernia placed the detainee on a surgery consult list. ODO reviewed the detainee's medical record and found the detainee rejected the prescribed pain medication while waiting for his surgery consultation.

Medical Care: One detainee stated he received no medical care for his hemorrhoids after submitting a request 2 weeks prior to the ODO inspection.

- Action Taken: ODO requested facility medical staff evaluate the detainee. On May 23, 2023, facility medical staff examined the detainee and prescribed Colace (100 mg), fiber (625 mg), and Milk of Magnesia (1200 mg) to treat the detainee's hemorrhoids and associated symptoms.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CLASSIFICATION SYSTEM (CCS)

ODO interviewed facility supervisors, reviewed the detainee roster, and found the facility did not ensure housing detainees according to their classification levels. Specifically, facility staff classified one detainee with a low-level classification, but housed him in a high-level classification housing unit (**Deficiency CCS-28⁶**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the permanent log maintained in the SMU and found staff did not document all activities concerning SMU detainees, such as meals served, recreational time, and visitors. The log reflected only supervisory visits, 30-minute checks, and staff visits (**Deficiency SMU-147⁷**).

ODO reviewed [REDACTED] complex-restrictive housing unit placement packets for detainees in SMU during the inspection period and found in [REDACTED] out of [REDACTED] packets:

- No SMU log record (**Deficiency SMU-148⁸**);
- No Special Management Housing Unit Record prepared immediately upon a detainee's placement in the SMU. Specifically, the four packets did not contain a Special Management Housing Unit Record (Form I-888) (**Deficiency SMU-151⁹**);
- No record by the special housing unit officer on whether a detainee ate, showered, recreated, and took medications, or any additional information, such as whether the detainee had a medical condition, or exhibited suicidal/assaultive behavior (**Deficiency SMU-153¹⁰**);
- No signing of each individual record by the facility's medical officer when he or she visited the detainee in the SMU (**Deficiency SMU-154¹¹**);

⁶ "All facilities shall ensure that detainees are housed according to their classification level." *See* ICE PBNDS 2008, Standard, Classification System, Section (V)(F).

⁷ "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(1).

⁸ "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date (for detainees in Disciplinary Segregation), the authorizing official, and date released." *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(1).

⁹ "Special Management Housing Unit Record, (Form I-888) shall be prepared immediately upon a detainee's placement in the SMU." *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3).

¹⁰ "The special housing unit officer shall immediately record:

- Whether the detainee ate, showered, recreated, and took any medication; and
- Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.
- The officer that conducts the activity will print his/her name and sign the record. *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(a).

¹¹ "The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU." *See*

- No new Form I-888 for each week a detainee was in the SMU. Specifically, the four packets did not contain any Form I-888s (**Deficiency SMU-156**¹²); and
- No housing unit record related to that detainee attached by the releasing officer to either the Administrative Segregation Order or Disciplinary Segregation Order upon the detainee’s release and forwarded to the chief of security for inclusion in the detainee’s file. Specifically, the four packets did not contain housing unit records (**Deficiency SMU-158**¹³).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical care summaries (transfer summaries) and found in 1 out of 12 summaries, 1 detainee was on a constant suicide watch at the time of transfer, and the facility’s provider did not check the box next to “Suicide watch/Psychiatric decompensation within past month” and wrote “None” under the Other Medical Problems field (**Deficiency MC-184**¹⁴).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2008 and found the facility in compliance with 14 of those standards. ODO found nine deficiencies in the remaining three standards. Since CCA FCC’s last full inspection in November 2022, the facility has shown improvement. CCA FCC went from 4 deficient standards and 10 deficiencies in November 2022 to 3 deficient standards and 9 deficiencies during this most recent inspection. Additionally, CCA FCC went from seven repeat deficiencies to zero repeat deficiencies. However, during this follow-up inspection, ODO found deficiencies in the MC and CCS standards, and CCA FCC did not have deficiencies in those standards in November 2022. ERO Phoenix provided ODO with the UCAP for ODO’s last inspection of CCA FCC in April 2023, which likely resolved the deficiencies ODO found in the SMU standard during the last inspection; however, CCA FCC continues to have deficiencies in the SMU standard. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with the contractual obligations.

ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

¹² “A new Form I-888 must be created for each week the detainee is in the SMU.” *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(c).

¹³ “Upon a detainee’s release the SMU; the releasing officer shall attach the entire housing unit record related to that detainee to either the Administrative Segregation Order or Disciplinary Segregation Order and forwarded to the chief of security for inclusion into the detainee’s detention file.” *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(d).

¹⁴ “A summary of the detainee’s medical care (transfer summary) shall be marked “CONFIDENTIAL MEDICAL RECORDS” and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of ICE custody.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(U)(4)(C).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2008)	FY 2023 Follow-up Inspection (PBNS 2008)
Standards Reviewed	23	17
Deficient Standards	4	3
Overall Number of Deficiencies	10	9
Priority Component Deficiencies	0	0
Repeat Deficiencies	7	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A